

C. Burt

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/550 259

FILING DATE

9-21-2005

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
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TOTAL IND.	1					
TOTAL DEP.	25	↔	↔	↔		
TOTAL CLAIMS	26	████	████	████	████	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.					↔	
TOTAL DEP.					↔	
TOTAL CLAIMS					↔	